

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
**097857947**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			★		★		★	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6			/				56						
7			/	/			57						
8			/	/			58						
9			/	/			59						
10			/	/			60						
11			/	/			61						
12			/	/			62						
13			/	/			63						
14			/	/			64						
15			/	/			65						
16			/	/			66						
17			/	/			67						
18			/	/			68						
19			/	/			69						
20			/	/			70						
21			/	/			71						
22			/	/			72						
23			/	/			73						
24			/	/			74						
25			/	/			75						
26			/	/			76						
27			/	/			77						
28			/	/			78						
29			/	/			79						
30			/	/			80						
31			/	/			81						
32			/	/			82						
33			/	/			83						
34			/	/			84						
35			/	/			85						
36			/	/			86						
37			/	/			87						
38			/	/			88						
39			/	/			89						
40			/	/			90						
41			/	/			91						
42			/	/			92						
43			/	/			93						
44			/	/			94						
45			/	/			95						
46			/	/			96						
47			/	/			97						
48			/	/			98						
49			/	/			99						
50			/	/			100						
TOTAL IND.	2	↓	3	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	4	↓	7	↓		↓	TOTAL DEP.		↓		↓		↓
TOTAL CLAIMS	6		10				TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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